

Division of Medical Sciences

DISSERTATION ADVISOR DECLARATION FORM

STEP 1 – To be completed by student

Student's Name: _____

DMS Program: Neuroscience DMS Program Administrator: Susan Jackson

DMS Head: Rosalind Segal Program Head: John Assad

Student Lab Address: _____

Phone #: _____ Fax#: _____

Email: _____

Laboratory Rotations (list names of labs in which you have rotated):

Please briefly describe your intended research project/ topic:

Signature of Student: _____ Date: _____

STEP 2 – To be completed by Dissertation Advisor

Advisor's Name: _____

Title: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

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STEP 2 (continued) – To be completed by Dissertation Advisor

Current number of trainees in your laboratory: _____ PhD Students _____ Postdocs

Please list all PhD students (DMS and others) currently in your laboratory:

I have read the attached **DMS Student Costs Sheet** and understand my financial obligations.

Signature of Proposed Dissertation Advisor: _____ Date: _____

Please indicate your Chief, Chair, or Institutional Administrator who will provide assurance of your financial obligation:

Division Chief/ Department Head Name: _____

Title/ Location: _____

Kindly return this form, with STEPS 1 and 2 complete to your Program office. Your program office will assure Steps 3 & 4 are completed.

STEP 3 – To be completed by Program

Signature of Program Head: _____

Printed Name: _____ John Assad _____ Date: _____

STEP 4 – To be completed by DMS

I approve this dissertation laboratory selection.

_____ Date: _____

Rosalind Segal, Dean of Graduate Education